

[Your Name]
[Your Address]
[City, Postcode]
[Email Address]
[Phone Number]
[Date]

Driver and Vehicle Licensing Agency (DVLA)
Swansea
SA99 1AR

Dear Sir/Madam,

Subject: Notification of Medical Condition - [Your Driving License Number]

I am writing to inform you of a medical condition that may affect my ability to drive, in compliance with the Driver and Vehicle Licensing Agency's regulations. My personal details are as follows:

- Full Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Address]
- Driving License Number: [Your Driving License Number]

I would like to report that I have been diagnosed with [specific medical condition], as advised by my healthcare provider. My healthcare provider's details are:

- Name: [Doctor's Name]
- Practice Name: [Doctor's Practice]
- Contact Number: [Doctor's Contact Number]

I understand the importance of keeping my driving record up to date and ensuring the safety of all road users. Please find attached any relevant medical documents as requested.

I appreciate your attention to this matter and await your guidance on the next steps I should take regarding my driving license status.

Thank you for your assistance.

Yours sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]